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26 December 1973

State Dept. declassification & release instructions on file

TO: Mr. William Colby
Director, Central Intelligence

I submit this paper not only as a personal appeal for myself but also for those present Agency employees and those sure to follow who will suffer from the disease, Alcoholism. The Agency has had this problem in the past, has it now, and will have it in the future. Authoritative sources, such as Alcoholics Anonymous, cite that two of every ten persons have an active problem with alcohol. By experience, our Agency is not exempt from these statistics. Our Agency cannot do its job properly without an informed, frank, and constructive program of recognition, prevention, and rehabilitation.

I respectfully request that I be retained by the Office of Medical Services, on a full-time basis for a six-month period, to act as an advisor on the active (drinking) stages of alcoholism and the non-active (non-drinking) rehabilitative steps in dealing with the alcoholic, his family, and the Medical Services Staff.

I know that I am uniquely qualified to be of vital assistance to the entire Agency because of my 21 years as an Operations Officer, unnumbered years as a developing alcoholic, and the last eight and one-half years as a non-practicing alcoholic active in Alcoholics Anonymous. In this latter period I have worked extensively with alcoholics in all walks of life, at all levels of job responsibility; in the areas of Virginia, Maryland, and the District of Columbia. During this time I had the opportunity to help only one current member of the Agency. In his three years of sobriety I have seen him change from a broken man to a vibrant employee and member of society. I have aided many others in various stages of the disease, but they were ex-Agency employees who had been fired on various pretexts other than alcoholism.

I am taking the liberty of attaching a copy of my letter to Dr. [redacted] Deputy Director of the Medical Services Staff. In a recent conversation with [redacted] here at Headquarters, he informed me that there was no way in which he

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could have communicated to me by letter the Agency approach to its alcoholic problems. He said that I would have to go through the experience personally to really understand it.

Since returning from 27 months duty as an Operations Officer in Saigon in early [redacted] I have gone through this experience personally. These are my considered and blunt opinions: STATINTL

1. Within the Office of the DDM&S there is a program named the Committee for Alcoholic Abuse which is punitive and not rehabilitative. Within the Office of Personnel there is an amorphous yet real thrust to ignore the disease of alcoholism in the vain hope that it will go away. This is then focussed in the unit of Personnel entitled "Special Activities" which seems to handle undesirable separations from the Agency. These two men may do a superlative job in other aspects of their office, but I can testify that they are (and I choke on the word) frauds in the field of alcoholic rehabilitation, as I had been told their interest lay in vivisection not rehabilitation.

I was invited by [redacted] who is in charge of Alcoholic Abuse cases in Medical Services, recently to view the showing of a film on Alcoholism at NPIC. One of the aforementioned men from the Special Activities acting as Coordinator for the Agency Committee on Alcoholic Abuse introduced the film badly as an educative, informative work and then fled the platform and the building at the close of his introduction. However, he did inform [redacted] that I, the writer, was not to respond to any questions from the audience in spite of my intimate knowledge of alcoholism and its rehabilitation. I could take this as nothing but the panicky admission of this man who claimed to have "spear-headed the Agency Alcoholism program for sixteen years" fearful of being shown up by a recovered Agency alcoholic. STAT STAT

Two simple questions were asked:

a. Is it true that alcoholics are told to avoid those places involved in their drinking during the rehabilitative process?

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[redacted] in all candor which I respect, said he did not know.

b. Can you tell an alcoholic by his or her physical form?

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[redacted] limited his answer to the illustration that a person going down a corridor supporting himself by the walls may be suffering from a brain tumor.

No other questions came from the audience of twenty-five to forty persons.

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2. I find in the Medical Services Staff encouragement mainly in the persons of [redacted]. They have voiced strong support for my proposal and my acting, in an informal position, from 1967 until my departure for Saigon in 1971 as an experienced member of Alcoholics Anonymous in addressing the Psychiatric Staff and the Director of Medical Services. I am discouraged by [redacted] statement that his staff is only involved in an advisory capacity and that they are only brought in when the body is nearly cold to make the diagnosis of alcoholism. Then the separation process takes place. I am further discouraged when [redacted] says that he has no contract slot available to put me in for even a short space of six months. Yet the Agency has seen fit to retain four other "in excess" voluntary retirees in a placement out service to assist many people who are leaving the Agency. This is highly commendable and I am completely in favor. But I am forced to ask: What is being done for those present and future Agency employees afflicted with alcoholic problems and alcoholism who will continue on as employees of the Agency? Cannot a slot be found or made which would allow me to help the Agency and the people who will remain and enter later?

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The Department of State Medical Unit has seen fit to employ a full-time recovered alcoholic from the Alcoholics Anonymous program, a Mr. Dwyer, to advise their doctors here and in the field. Why can't our Agency?

I should like to cite again some of the Agency groups I am qualified to work with:

1. Supervisory personnel - from the highest to the lowest in an educative process.

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2. The problem drinker himself at the early - mid - and late stages.

3. Alcoholism as a family disease and how Al-Anous (wives) and Ala-Teens (children) can be helped.

4. The Medical Staff personnel and that of the Office of Personnel.

5. The Operations people and their dangerous misuse of alcoholic agents.

Again, I respectfully request this period of six months in which to prove the value of my contribution to the Agency in the vital field of alcoholism.

I am to be separated on [redacted] as a voluntary retiree in excess, but I would welcome the opportunity to expand on any facet of my proposal to you personally.

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My home address and telephone number are:



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